

POSITION	ID NO.	DATE
CLASSIFIER	6	9-31-93
EXAMINER	600	9/4/95
TYPIST	323	1/2
VERIFIER	2411	1/2
CORPS CORR		
SPEC. HAND	416	12/28/95
FILE MAINT	404	9-9
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
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SYMBOLS  
 ✓ Rejected  
 - Allowed  
 (Through numbers) Canceled  
 N Restricted  
 H Non-elected  
 A Interference  
 O Appeal  
 0 Objected

Claim	Date
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